



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Forestal		First Name Kerry		Middle Name J	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 12230 Misty Way				5. FAX (Optional)		6. E-mail Address (Optional)
7. City Indianapolis	State IN	ZIP Code 46236	8. County Marion	9. Telephone (Day) (317) 237-3800	10. Telephone (Evening)	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Marion County Sheriff		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Forestal for Sheriff						
14. Mailing Address <input type="checkbox"/> Check if this is a new address P.O. Box 44961				15. FAX (Optional)		16. E-mail Address (Optional)
17. City Indianapolis	State IN	ZIP Code 46244	18. County Marion	19. Telephone (317) 237-3800	20. Committee Organization Date (MM-DD-YY) 1/10/16	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Frank Anderson & Eva Talley Sanders						
22. Mailing Address <input type="checkbox"/> Check if this is a new address P.O. Box 44961				23. FAX (Optional)		24. E-mail Address (Optional)
25. City Indianapolis	State IN	ZIP Code 46244	26. County Marion	27. Telephone (Day) (317) 237-3800	28. Telephone (Evening)	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Huntington Bank						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer William Stinson		Signature of the Committee Chairperson <i>Eva Talley Sanders</i>	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer William Stinson						
34. Mailing Address <input type="checkbox"/> Check if this is a new address P.O. Box 44961			35. FAX (Optional)		36. E-mail Address (Optional)	
37. City Indianapolis	State IN	ZIP Code 46244	38. County Marion	39. Telephone (Day) (317) 237-3800	40. Telephone (Evening)	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).		Signature of Person Accepting Appointment <i>William Stinson</i>	
--	--	---	--

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson- FRANK J. ANDERSON	Signature of Chairperson <i>Frank J. Anderson</i>	Date (MM-DD-YY) 2-10-17
43. Typed or Printed Name of Candidate KERRY J. FORESTAL	Signature of Candidate <i>Kerry J. Forestal</i>	Date (MM-DD-YY) 2-10-17

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FEB 10 2017

FILED

412. EVA TALLEY SANDERS Eva Talley Sanders 2-10-17
CO. CLERK